

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>4/5/02</u>		2 Serial/Patent # <u>09/649,563</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input checked="" type="checkbox"/> Other <u>Surcharge late filing</u>			\$ <u>130⁰⁰</u>
		7 TOTAL AMOUNT OF REFUND	\$
		8 TO BE REFUNDED BY:	
10 REASON:		<input type="checkbox"/> Treasury Check	
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		<u>50-0545</u>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Bicean</u>		TITLE: <u>ATY</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-79199</u>	
OFFICE: <u>OF</u>		***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****	
APPROVED: <u>Alicia Kelly</u>		DATE: <u>4/7/02</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B